						•						
	··.							Applic	ation o	r Docket	Number	
	PATEN	RECO	ORD 09769112									
		CLAIMS	AS FILE	SMAL	L ENTITY	,		ER THAN				
r	TOTAL CLAII	MS	(Colu	(Column 1) (Column 2)			TYPE			OR SMALL ENTIL		
╟							RA	TE FE	E	RAT	E FEE	
ΙΙ–	FOR			BER FILED	NUMBER EXT	HA	BASIC	FEE , 395,	.00 C	OR BASIC F	EE 790,0	
	TOTAL CHARG	SEABLE CLAIM	5	minus 20=	•		X\$	9=		R X\$1.8	=	
16	NDEPENDENT		minus 3 =	*		×44			ved-	- 		
~	IULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT					°	A VAN-	-	
	If the differen	ce in column 1	is less than	less than zero, enter "0" in column 2			+150)=	0	R +300=		
				•			TOTA	AL L	0	R TOTAL	-	
_	(Column 1)				n 2) (Colum	nn 3)	SMAI	L ENTIT	Y OF		R THAN L ENTITY	
AMENDMENT A	b	REMAINING AFTER AMENDMENT	1	HIGHE NUMB PREVIOU PAID F	ER PRESE		RATE	ADDI TIONA FEE	AL .	RATE	ADDI- TIONAL FEE	
	Total	· 18	Minus	- 20	=		X\$ 9:	<u> </u>	OF	X\$18=		
	Independent • 4		Minus	, , ,			. X44=		ÓF	X18%=	1	
	FIRST PRES	ENTATION OF	MULTIPLE D	TIPLE DEPENDENT CLAIM			<u> </u>		7		.†	
							+150i=	Ł	OR			
(Column 1) (Column 2) (C							ADDIT. FE		OR	ADDIT. FEE		
8		CLAIMS		(Column HIGHES	ST	13)		1 400	_			
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	SLY EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	•	Minus	**	E		X\$ 9=		OR	X\$18=		
Į	Independent	-	Minus	***	=		х₩≒	T .	1	X 88=		
	PIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CI	AIM			1	OR			
							+150%	<u> </u>	OR	+300=		
	!			. *		4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
Т	`	(Column 1) CLAIMS	·	(Column		3)		•	_		•	
1		REMAINING AFTER AMENDMENT	·	NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	lotal .	*	Minus	**	= .	7 f	X\$ 9=		OR	X\$18=		
				1		_ 1					. 5	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** ADDIT. FEE

OR

ADDIT. FEE

OR

OR

OR

TOTAL

ADDIT. FEE

OR

ADDIT. In "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Minus

TOTAL ADDIT. FEE

X44=

+ 150 =

ORM PTO-873 (Rev. 10/03)

Independent

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE.

OR

OR

×88

+ 300=

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

09769112

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	TUAN
_			(Column 1) (Column 2)				TYPE			SMALL	ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	38 5.00	OR	BASIC FEE	7 70, 00
TO	OTAL CHARGE	ABLE CLAIMS	minus 20= *		*			X\$ 9=		OR	X\$18=	
INI	DEPENDENT C	LAIMS	minus 3 = *					X4:3=		OR	X8 <i>b</i>	
MULTIPLE DEPENDENT CLAIM PRESE								+145		1	+240=	
* If the difference in column 1 is less than zero, enter "0" in column 2						I	TOTAL		OR OR	TOTAL		
CLAIMS AS AMENDED - PART II								101712	L	1011	OTHER	THAN
(Column 1) (Column 2) (Column 3)					(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	* 90	Minus	** 2	0,	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 4	Minus	***	4	=		X43=		OR	X8 ∂ =	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+240=		
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)							ĺ	DOM: YEE		. ,	-DDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43 =		OR	X8 ∠ -	
L	FIRST PRESE	NTATION OF MU	JUNPLE DEF	PENDENT	CLAIM :	<u> </u>		+145		OR	+29:0=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	•	(Colum	nn 2)	(Column 3)	• •					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=		X43=		j	X8 6 =	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		-			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+29:)=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												